

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

AFFILIANT(S)

FILING DATE

10/549,926

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		2					53		1				
4		2					54		1				
5		2					55		5				
6		2					56		1-5				
7		2					57		1				
8		2					58		1				
9		2					59		1				
10		2					60		1				
11		2					61		1				
12		2					62		1				
13		2					63		1				
14		2					64	1					
15		2					65		1				
16		2					66		1				
17	1						67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		1					78		1				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		2					97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	14	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	19					